Divisio	n of Health Care Fa	Cilities .				FORM	D: 04/11/20 1 APPROVE	
STATEME	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLI	ER/CLIA	(X2) MURTIPLE CONCENTION				
o and a solution of		IDENTIFICATION NUMBER:		A BUILDING: 01 - MAIN BUILDING 01			E SURVEY	
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NAME OF	DECUIDED AT ALLE	TN7802		B. WING		0.4	00/00	
NAME OF PROVIDER OR SUPPLIER STREET AL			PORESS, CITY, STATE, ZIP CODE			04/08/2013		
PIGEON	FORGE CARE & RE	HAB CENTER	415 COL	LE DRIVE FORGE, T	N 27000			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIE		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX	PROVIDER'S PLAN OF CORRE	CTION	(X5)	
				TAG	CROSS-REFERENCED TO THE APP	DULD BE ROPRIATE	COMPLETI DATE	
N 831	1200-8-6- 08 (1) B	1200-8-608 (1) Building Standards			OEFICIENCY)			
	(1) A nursing home shall construct arrease and			N 831	N831		5/10/13	
					Milhart Administra		State	
	Littering in the COUCH	the overall nursing home environment is such a			What corrective action will be			
	i viv overali iluisilid				accomplished for residents found to	be		
	manner that the safety and well-being of the residents are assured.			1	affected by deficient practice?		\	
	1001201160 616 6380	red.		i	On 4/25/13 and 4/25/13, Century Fi	re		
					Company made a site visit to facility	to.	l (.	
					determine what proposal to make re	elated	$\cup V$	
					to sprinkler riser work to be accomp	liched	•	
	This Rule Is not m	et as evidenced by:			Drawings for the recommended cha	ngae will		
	Based on observation and interview, the facility failed to have a reliable sprinkler system water supply for each "building".			1	be submitted to Bill Harmon at the S	tate office		
					for review by May 10, 2013. Upon approval of plans, the work will begin with an estimated			
				1				
	The findings includ	ام-		İ	completion date of July 30, 2013.			
				1		EY	والمتلايا يكامة	
ļ	Observation and in	iterview with the main	tenance	f	How will ide out to be a		todage.	
	director on April 8,	unector on April 8, 2013 at 3:10 n.m. confirmed			How will identify other residents having potentia			
	The racility is a type	: V (1111) combustible			to be affected by same deficient practice			
	fire zones by two /	acility is divided into the	hree (3)		The fire walls and out-the areas.			
:	Sprinkler system ris	2) 4-hour fire walls. Or	nę		The fire walls and existing riser were inspected by Century Fire Company on 4/25 and 4/26/13 to			
	sprinkler system riser branches off and penetrates two (2) out of two (2) 4-hour fire walls.				determine the scope of work to be done to add risers to the facility. As stated above, proposal will be made to Bill Harmon at state office and upon			
	This one sprinkler system riser supplies the water			•				
	for all three (3) fire zones.							
				1	approval, work will commence.			
	This finding was ve	This finding was verified by the maintenance			the say service will be written be.			
	director and acknow	wledged by the admin	istrator]	All residents have potential to be affe	octod if		
	during the exit cont	during the exit conference on April 8, 2013.			equipment isn't sufficient for the facility space.			
N 835	1200-8-608 (5) Bu	ildina Standarde		34643€			change-	
				What measures put into place or what systemic changes will you make to ensure deficient practice doesn't recur?				
	(5) No new nursing	home shall be constr	ucted.	N831				
	nor shall major alterations be made to an existing l				All plant ops staff were inserviced th	at penetrati	ons	
	nursing home without prior written approval of the l				through 4-hour fire walls are not allo	wed and th	at any	
	department, and unless in accordance with plans and specifications approved in advance by the				areas of concern identified during re	pairs or mai	ntenance	
	department Persons a	approved in advance i	by the		from outside vendors are to be addressed immediately and reported to the Plant Ops director and to the			
	ueparunent, perore	any new nursing hom	te is	•				
sinn of Ha	alth Care Facilities \	any alteration or expan	Jaiou Of		Administrator.		•	
	a	d B-1			. TITLE			
IORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN				JATURE	A		(X8) DAYE	
TE FORM	<u> </u>				Tomices var	<u> </u>	26-13	

PRINTED: 04/11/2013 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER PIGEON PORCE CARE & REHAB CENTER STREET ADDRESS, CITY, STATE, 2P CODE All COLD DRIVER COMPLETED	Division	of Health Care Fac	ilities			4	FORM	APPROVED		
NAME OF PROVIDER OR SUPPLIER PIGEON FORGE CARE & REHAB CENTER PIGEON FORGE, TN 37883 (SUMMAPY SYMPHASY OF SPECIAL PROPERTY OF SPECIAL PROPERTY OF STATE, 2P CODE PROVIDER OF TAG (SUMMAPY SYMPHASY OF SPECIAL PROPERTY OF STATE, 2P CODE PIGEON FORGE, TN 37883 PROVIDERS PLAN OF CORRECTION (SUMMAPY SYMPHASY OF SPECIAL PROPERTY OF STATE, 2P CODE PIGEON FORGE, TN 37883 PROVIDERS PLAN OF CORRECTION (SUMMAPY SYMPHASY OF SPECIAL PROPERTY OF STATE, 2P CODE PIGEON FORGE, TN 37883 PRESENT TAG N 835 Continued From page 1 A SULDIANS OF THE PROVIDERS PLAN OF CORRECTION (SUMMAPY SYMPHASY OF STATE, 2P CODE PIGEON FORGE, TN 37883 PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION (SECON CONTROL OF STATE, 2P CODE PIGEON FORGE, TN 37883 PROVIDERS PLAN OF CORRECTION (SECON CONTROL OF STATE, 2P CODE PIGEON FORGE, TN 37883 PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION (PROVIDER OF STAN OF CORRECTION (PROVIDER STAN OF CORRECT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			R/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUBVEY					
STREET ADDRESS, CITY, STATE, ZIP CODE PIGEON PORCE CARE & REHAB CENTER ### A15 COLD ENVE PIGEON FORCE, TN 37863 SUBJECT CONTROL OF CORRECTION PROPRIATE CODE			IDENTIFICATION NU	MBER;						
STREET ADDRESS, CITY, STATE, ZIP CODE PIGEON PORCE CARE & REHAB CENTER ### A15 COLD ENVE PIGEON FORCE, TN 37863 SUBJECT CONTROL OF CORRECTION PROPRIATE CODE			TN7000		I I IVING					
Add College Private	Alan Barana and Barana				1 04/08/201					
PIGEON FORSE, TN. 37863 (ACH ID DEPOIS THE PROVIDERS PLAN OF CORRECTION TAGE (EACH DEPOIS OF MAN IN STATE PROVIDERS PLAN OF CORRECTION FOR ACTION SHOULD BE CROSS-RETERBICED TO THE APPROPRIATE DATE DATE THAN THE PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-RETERBICED TO THE APPROPRIATE DATE DATE DATE THAN THE PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-RETERBICED TO THE APPROPRIATE DATE DATE DATE THAN THE PROVIDERS PLAN OF CORRECTION OF THE APPROPRIATE DATE DATE DATE THAN THE PROVIDERS PLAN OF CORRECTION OF THE APPROPRIATE DATE DATE THAN THE PROVIDERS PLAN OF CORRECTION OF THE PROVIDERS PLAN OF THE PROVIDERS PROVIDED TO THE PROVIDE			AAR CENTER							
PREFIX TAG REACH DEFICIENCY MUST BE PRECEDED BY FILL. TAG Continued From page 1 a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners. This Rule is not met as evidenced by: Based on interview, the facility failed to ensure alterations to the facility are made with prior approval from the Department of Health. The finding include: Interview with the maintenance director on April 8, 2013. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on April 8, 2013. Mission of Health Care Facilities Mission of Hea		TOTAL OAKE & KEI	TAB CENTER	PIGEON	FORGE, TN	37863				
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Ilvision of Health Care Facilities TATE FORM					What corrective action will be accomplished for residents found to be affected by deficient practice? The fire panel in question was replaced recently with a temporary panel due to prior panel not functioning correctly. Please see attachment labeled "Plant Ops-1" for further explanation of the panel switch-out. Century Fire has reached out to Dept of Health in Knoxville and Nashville as of April 25, 2013 to submit formal approval letters and plans to be approved by department.					
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